



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

CITY CLERK
GLOUCESTER, MA

Municipal Form

Office of Campaign and Political Finance

2017 OCT 30 PM 1:06

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2017 Ending Date: October 29, 2017

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Joseph J Giacalone
Candidate Full Name (if applicable)

City Council Ward 2 Gloucester
Office Sought and District

16 Gadd Court Gloucester, MA 01930
Residential Address

E-mail: joseph-giacalone@yahoo.com

Phone # (optional): 978-491-8160

Giacalone For Councilor At-Large
Committee Name

Grace Ann Giacalone
Name of Committee Treasurer

16 Gadd Court Gloucester, MA 01930
Committee Mailing Address

E-mail: joseph-giacalone@yahoo.com

Phone # (optional): 978-491-8160

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------------|
| Line 1: Ending Balance from previous report | <u>174.77</u> |
| Line 2: Total receipts this period (page 3, line 11) | <u>3795.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>3969.77</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <u>3965.40</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>4.37</u> |
| Line 6: Total in-kind contributions this period (page 6) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | <u>0</u> |
| Line 8: Name of bank(s) used: | <u>Bank Gloucester</u> |

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Grace Ann Giacalone (Treasurer's signature)

Date: 10/29/2017

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 10/29/17

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------|---|--------|---|
| 9/28/17 | Mac Bell 33 Dollywood Neck Dr Gloster, MA 01930 | 100.00 | |
| 9/14/17 | Frederick Buck 3 Church St Glo, MA 01930 | 100.00 | |
| 10/12/17 | Ann Margaret Ferrante 11 1/2 Proctor St Glo, MA 01930 | 150.00 | |
| 10/12/17 | Frances Ferrante 11 1/2 Proctor St Glo, MA 01930 | 150.00 | |
| 10/15/17 | Joseph Ferrante 401 Essex St Beverly, MA 01915 | 150.00 | |
| 9/22/17 | Daniel Gattinari 30 Mystic Ave Winchester, MA 01890 | 500.00 | Self Employed Real Estate |
| 8/9/17 | Grace Ann Giacalone 16 Gould Ct Glo, MA 01930 | 300.00 | Retired |
| 10/19/17 | Grace Ann Giacalone 16 Gould Ct Glo, MA 01930 | 400.00 | Retired |
| 10/19/17 | Joseph J Giacalone 16 Gould Ct Glo, MA 01930 | 970.00 | Grocery Receiver Shaw's Supermarkets |
| 10/12/17 | Kathleen Giacalone 13 Proctor St Glo, MA 01930 | 150.00 | |
| 5/5/17 | Alfredo Peadar 4661 Wales Dr Plano, TX 75094 | 150.00 | |
| 9/24/17 | Patrick Thomas 13 Trask St Glo, MA 01930 | 100.00 | |

Line 9: Total Receipts over \$50 (or listed above) 3320.00

Line 10: Total Receipts \$50 and under* (not listed above) 475.00

Line 11: TOTAL RECEIPTS IN THE PERIOD 3795.00

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|--------|---|
| 9/18/17 | Michael Wheeler 8 Rockholm Rd Gloucester, MA 01930 | 100.00 | |
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| | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | | ← Enter on page 1, line 2 |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | | |

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---|-------------------------|---------|
| 10/12/17 | Connolly Printing | 17B Gill Street Woburn, MA 01801 | Mailed Post Cards | 660.85 |
| 10/17/17 | Connolly Printing | 17B Gill Street Woburn, MA 01801 | Mailed Post Cards | 660.85 |
| 10/18/17 | Connolly Printing | 17B Gill Street Woburn, MA 01801 | Mailed Magnets | 275.19 |
| 10/18/17 | Connolly Printing | 17B Gill Street Woburn, MA 01801 | Mailed Post Cards | 1321.70 |
| 7/26/17 | Joseph Giacalone | 16 Crockl Ct Gloucester, MA 01930 | Reimbursement | 66.92 |
| 7/26/17 | Joseph Giacalone | 16 Crockl Ct Gloucester, MA 01930 | Reimbursement | 86.03 |
| 8/11/17 | Gloucester Graphics | 19 Pond Road Gloucester, MA 01930 | Stickers For Signs | 323.53 |
| 9/22/17 | Staples | 65 Dodge St Unit C Beverly, MA 01915 | Envelopes And Stamps | 90.40 |
| 9/23/17 | Staples | 65 Dodge St Unit C Beverly, MA 01915 | Banners | 154.72 |
| 10/6/17 | Staples | 65 Dodge St Unit C Beverly, MA 01915 | Banners | 228.98 |
| | | | | |
| | | | | |
| Line 12: Total Expenditures over \$50 (or listed above) | | | | 3869.22 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 96.18 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 3965.40 |

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

| | | |
|--------------------------------------|----------------------------------|---|
| Date of Reimbursement: | | July 26, 2017 |
| Name of Individual Being Reimbursed: | Joseph Giacalone | |
| Committee Name: | Giacalone For Councilor-At-Large | |
| CPF ID Number (if applicable): | 47-3790262 | Telephone Number (optional): 978-491-8160 |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-------------|--|------------------------|--------|
| 7/23/17 | Vista Print | Hudsonweg 8 Venlo, The Netherlands 5922GL | Door Hangers | 86.03 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|-------|
| Line 1: Expenditures in excess of \$50 (itemized above): | 86.03 |
| Line 2: Expenditures \$50 or under (not itemized): | 0 |
| Line 3: TOTAL AMOUNT REIMBURSED: | 86.03 |

Signed under the penalties of perjury:

Joseph Giacalone
Signature of Candidate / Treasurer

Date: 10/29/2017

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

| | |
|--------------------------------------|--|
| | Date of Reimbursement: <u>July 26, 2017</u> |
| Name of Individual Being Reimbursed: | <u>Joseph Giacalone</u> |
| Committee Name: | <u>Giacalone For Councilor-At-Large</u> |
| CPF ID Number (if applicable): | <u>47-3790262</u> Telephone Number (optional): <u>978-491-8160</u> |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|--------------------------------------|----------------|---|------------------------|--------------|
| <u>6/30/17</u> 7/26/17 | <u>Staples</u> | <u>65 Dodge St Unit C</u> <u>Beverly, MA 01915</u> | <u>Banners</u> | <u>66.92</u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|--------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u>66.92</u> |
| Line 2: Expenditures \$50 or under (not itemized): | <u>0</u> |
| Line 3: TOTAL AMOUNT REIMBURSED: | <u>66.92</u> |

Signed under the penalties of perjury:

Grace Ann Giacalone
Signature of Candidate / Treasurer

Date: 10/29/2017

Please prepare a separate report for each reimbursement check issued by the committee.